

Hamilton County Health Dept.

18030 Foundation Drive, Suite A
Noblesville, Indiana 46060

Permit Number: _____

Completed System

Approved: _____

Date: _____

On-Site Septic System Permit Application

Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.

Application for: ☐ New construction ☐ Alteration or Replacement of Existing ☐ Tank only ☐ Drain only

If Repair, Reason for Repair: ☐ Damaged System ☐ Seasonal Water Table ☐ System Age ☐ Illegal Discharge
☐ Improper Const. ☐ Improper Design ☐ Lack of Maintenance
☐ System Depth ☐ Undersized system ☐ Surface Failure

Previous permit #: _____ Original system date (yr.): _____

Permit Information

Owner Name: _____ Site Address: _____
Address: _____ City: _____ Subdivision: _____
City, State, Zip: _____ Lot: _____ Township: _____
Phone: _____ OR _____ Parcel# _____
Installer Name: _____ Company Name: _____

Property & Water Supply Description

Use of facility: ☐ 1 or 2 family dwelling ☐ Commercial ☐ Restaurant ☐ Daycare ☐ School
☐ Mobile Home Park ☐ Campground ☐ Other

Of Bedrooms _____ # of Jetted Tubs (>125gals): _____ Lot Size: _____

Basement Grinder Pump: Yes or No (circle one) **If yes, then a 2 compartment septic tank is required**

Water Supply: ☐ Public Water Supply ☐ Proposed Well
☐ Existing Well Size: _____ Depth: _____

Septic System and Secondary Disposal Description

Septic Tank: 1 or 2 compartment (circle) Manufacturer: _____ Size: _____ gal

Effluent Filter: Manufacturer: _____ Filter Model: _____

Dosing Tank: Manufacturer: _____ Dosing Tank Size: _____ gal

Distribution: ☐ Gravity Flow ☐ Flood Dosing ☐ Pressure Distribution

Alteration/Addition: Manufacturer: _____ Model: _____

Secondary Treatment: ☐ Single Pass Media Filter ☐ Recirculating Media Filter ☐ Aerobic Treatment Unit

(if applicable) Manufacturer: _____ Model Type: _____

Disposal: ☐ Absorption field Sq.Ft. _____ Trench Depth: _____ Agg. Type: _____
☐ Gravelless Sq.Ft. _____ Trench Depth: _____
☐ Sand Mound Basal Area: _____ Agg. Bed Area: _____
☐ Drip Irrigation Ln.Ft. _____ Manufacturer _____
☐ Sand Line Type: _____ Ln.Ft. _____ Depth: _____ Basal Dimension _____

Perimeter Drain: Size: _____ Depth: _____ Stone: _____ Textile Wrapped: Y or N

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true and further do now certify that Well construction/pump installation for this facility will be installed to meet State and local requirements of the Health Department of Hamilton County, Indiana.

Date: _____ Signed: _____